

PATENT
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epi-PT001.1
Attorney Docket No.

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A Voltage Adapter Circuit for a Lithium Ion Rechargeable Battery
the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) of any foreign application(s) for patent or inventor =s certificate listed below and have also identified below any foreign application for patent or inventor=s certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s): None Priority Claimed

			Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	(Priority Claimed)	

			Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	(Priority Claimed)	

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) and or PCT international application(s) designating the United States of

America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application: None

(Application Number)	(Filing Date)	(Status: patented, pending, abandoned)
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(Application Number)	(Filing Date)	(Status: patented, pending, abandoned)
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POWER OF ATTORNEY: As a named inventor(s), I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Kao H. Lu, Esq.

43,761

Direct all telephone calls to: Kao H. Lu, Esquire at (610) 446 - 5886.

Address all correspondence to: Kao H. Lu 686 Lawson Ave.
Havertown, PA 19083.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from any assignee of this invention as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned.

In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued

thereon.

Full name of sole or first joint inventor:

Inventor's signature:  Date:

Residence:

Citizenship:

Post Office Address:

Full name of second joint inventor:

Inventor's signature: _____ Date:

Residence:

Citizenship:

Post Office Address:

Full name of third joint inventor:

Inventor's signature: _____ Date:

Residence:

Citizenship:

Post Office Address: